

TRIPURA GAZETTE



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PART -- II Advertisements and Notices

BEFORE THE NOTARY PUBLIC
AGARTALA, WEST TRIPURA.

ANNEXURE-1

AN AFFIDAVIT FOR TRIPURA STATE GOVERNMENT EMPLOYEE FOR CHANGE OF NAME/SURNAME

BY THIS AFFIDAVIT, I the undersigned **Dr. Minakshi De, W/O. Dr. Pradip Bhaumik, D/O. Lt. Sudhanya Kumar De**, lately called **Minakshi De Bhaumik** employed as Tutor, Dept of Anatomy, Agartala Govt. Medical College and GBP Hospital, Agartala, Dist. West Tripura, under Govt. of Tripura do hereby:-

1. That, wholly renounce, relinquish and abandon the use of my former name of **Dr. Minakshi De** and in place thereof do assume from the date thereof the name of **Dr. Minakshi De Bhaumik** and so that I may hereafter be called known and distinguished not by my former name of **Dr. Minakshi De** but by my assumed name of **Dr. Minakshi De Bhaumik**.

2. That, for the purpose of evidencing such my determination, declare that, I shall at all times hereafter in all records, deeds and writings and in all proceedings, dealings and transactions private as well as public and upon all occasions whatsoever use and sign the name of **Dr. Minakshi De Bhaumik** as my name in place of and in substitution for my former name of **Dr. Minakshi De**.

3. That, expressly authorize and request all persons at all times hereafter to designate and address my by such assumed name of **Dr. Minakshi De Bhaumik**.

4. That, in witness whereof, I have here unto subscribed my former and adopted name of **Dr. Minakshi De Bhaumik** and **Dr. Minakshi De**, affixed my seal this 1st June, 2023.

Minakshi De Bhaumik

The Contents of the Affidavit are read over and Explained to the Deponent/Deponents.
The Deponent / Deponents has / have Acknowledge the contents and Has/Have signed/put the thumb impression in this Affidavit and He/She/They are identified by me.

Minakshi De Bhaumik
Advocate.

Old signature.....Minakshi De.....

New signature.....Minakshi De Bhaumik

Signed and delivered by the above named.....

Formerly **Dr Minakshi De Bhaumik**

In the presence of:-

Witness No.1:-

Signature Pranab Deb

Name Dr. Pranab Deb

Designation.....

Official Address..... Assistant Professor

Department of Anatomy
AGMC & GBP Hospital
Agartala, Tripura.

(With Rubber Stamp)

Witnesses No.2:-

Signature

Name

DR. PRANAB DEBBARMA

Designation..... Incharge HOD

Associate Professor

Dept. of Anatomy

AGMC.

Official Address.....

(With Rubber Stamp)

These are true to my knowledge and declaration.

In acknowledgement whereof I sign in this
Deed today the 1st June 2023, before the 1ST
class Magistrate, Agartala, West Tripura.

Identified by me:-

Minakshi De Bhaumik
Advocate

Minakshi De Bhaumik

Deponent

Partha Saha
NOTARY, Govt. of Tripura,
Agartala, West Tripura.
Regd. No.-38 of 2017